

# CAFO Supplementary Information Form

PLEASE PRINT ALL INFORMATION LEGIBLY

1. Farm Name:
2. Complete Legal Name of CAFO Operator :
3. Mailing Address of CAFO Operator:
4. CAFO Operator's status: ☐ Individual    ☐ Corporation    ☐ Other  
(Please identify) \_\_\_\_\_
5. Corporation or Government Federal Tax Identification No.:  
\_\_\_\_\_
6. If CAFO Operator is a business entity, please complete the following:
  - Complete name and title of person signing for CAFO  
\_\_\_\_\_
  - Maryland State Department of Assessments and Taxation (SDAT) ID No.  
\_\_\_\_\_
  - *Please note that a business/entity must be registered to do business in Maryland before a permit can be issued. The business or entity's information provided in this application must match the information in the SDAT register.*
  - *Proof of workers' compensation coverage is required under §1-202 of the Environment Article. Please provide one of the following:*
    - (1) *A copy of a Certificate of Compliance issued by the Maryland Workers' Compensation Commission; or*
    - (2) *Workers' Compensation Insurance Policy/Binder Number: \_\_\_\_\_*